

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111602

1. Entity Name

TEAM JACKSONVILLE NIKKEN INDEPENDENT DISTRIBUTOR

Principal Place of Business

2062 WILDWOOD LN  
SWITZERLAND FL 32259

Mailing Address

2062 WILDWOOD LN  
SWITZERLAND FL 32259

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3623807

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O.-Box Number is Not Acceptable)

City

FL

Zip Code

MCCAILL, MARK  
2062 WILDWOOD LN  
SWITZERLAND FL 32259

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCAILL, MARK	
STREET ADDRESS	2062 WILDWOOD LN	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCAILL, LAURIE	
STREET ADDRESS	2062 WILDWOOD LN	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, MOLLY	
STREET ADDRESS	530 LAKE RD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARBLE, MARK	
STREET ADDRESS	36 FRANKLIN AVE.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEALS, SUSAN	
STREET ADDRESS	P.O. BOX 441413	
CITY-ST-ZIP	JACKSONVILLE FL 32222	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, CLEO	
STREET ADDRESS	P.O. BOX 306	
CITY-ST-ZIP	GLEN ST. MARY FL 32040	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D MARSHA MILLER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2335 Holly LEAF LANE	
STREET ADDRESS	ORANGE PARK, FL 32073	
CITY-ST-ZIP		
TITLE	D SEALS, REN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 441413	
STREET ADDRESS	JACKSONVILLE, FL 32222	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARK R. MCCAILL 4/17/00 (904) 287-9447

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90192 015 \*\*\*150.00

A0058636



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)